contents

The anthrax attacks in the United States in 2001 revealed the nation's lack of preparedness for bioterrorism incidents and a sense of how vulnerable the nation was at every level. The government, medical community, media and even ordinary citizens all faced challenges they had never before been called on to meet. As a nation, citizens have learned that they must become better prepared to deal with high stakes incidents, from a pandemic strain of influenza, to a widespread power outage, to a bioterrorist attack.

In Kentucky, much has been done even before the events of 2001 to increase the state's preparedness to prevent, prepare for and cope with all types of health hazards, whether natural, man-made or bioterrorism. The Department for Public Health within the Cabinet for Health and Family Services develops and supports public health programs and activities for the citizens of Kentucky. The Department works in close partnership with local public health agencies and other members of the state's health care community.

Even as it implements key statewide public health programs, the department's profile has remained low key. Recent surveys of the general population in the state of Kentucky revealed that fewer than 10 percent of Kentuckians felt well prepared for any emergency and most perceived that nothing had been done in their communities to prepare them for large-scale emergencies.

This Community Information Guide is designed to help community leaders and individual citizens know not only what they can do to prepare for an emergency, but also understand how their state and local officials have made giant strides in preparing for outbreaks of disease, natural disasters or acts of terrorism, including biological warfare.

The experiences of September 11, 2001, and the anthrax attacks that followed in the fall of that year demonstrated the vital nature of increased communication capability. This resulted in federal grant funding — aimed at increasing public health preparedness — being awarded to all states and major U.S. territories by the Centers for Disease Control and Prevention in the Department of Health and Human Services. Since 2002, the Kentucky Department for Public

introduction

Health has received $12 million in grant funding from the Centers for Disease Control and Prevention and $6.7 million in grant funding from the Department for Health and Human Services, Health Resources and Services Administration for public health emergency preparedness and planning. These funds have been utilized to prepare Kentucky to respond to a biological, chemical or radiological emergency as well as other public health threats. The Cabinet collaborates with local health departments, emergency management, hospitals and other organizations to increase the preparedness of the Commonwealth.

The Statewide Bioterrorism Advisory Committee and the Health Resources and Services Administration Hospital Preparedness Subcommittee serve as additional resources to the Cabinet. Members include a variety of public and private organizations likely to be involved in emergency preparedness on a daily basis or during an emergency, such as state and local public health, state emergency management, mental health professionals, the American Red Cross, University of Kentucky and University of Louisville infection control professionals, media professionals, information technology professionals, veterinarians, industrial hygienists, military hospitals and others.

Kentucky has built a collaborative public health and emergency management community that is planning and preparing on behalf of its citizens, in cooperation with private industry, community groups and other local, state and federal agencies. This planning effort is not focused on one specific type of disaster; it reaches into a number of potential problem areas or vulnerabilities with a particular focus on acts of bioterrorism, outbreaks of infectious disease and other public health emergencies

This Community Information Guide synthesizes a great deal of information that is available through a number of sources. It includes important contact information and resources that may be valuable to community leaders and citizens in the event of various incidents and emergencies. The Guide is also designed as an outreach tool for leaders within special needs populations, including those with language barriers, as well as community leaders in remote areas of the state where electronic communications are not always available or reliable.

This Guide has been developed as an update on what the state of Kentucky is doing to prepare for a state of emergency and to provide citizens with the resources they need to prepare for bioterrorism-related disasters and/or other disaster situations.

Kentucky's Plan for Disaster Preparedness

The Kentucky Department for Public Health within the Cabinet for Health and Family Services has the primary responsibility for developing and operating all public health programs and activities and coordinating medical care services throughout the Commonwealth. The Department for Public Health is collaborating with agencies across the state to upgrade emergency communications resources and planning. This chapter covers information on key collaborations and provides:

1. An overview of the two major disaster response plans that would be used in a public health emergency – those of the state Department for Public Health and the Kentucky Division of Emergency Management.

2. Details on key resources, including updates on the technologies and personnel as well as a step-by-step description of how the Department for Public Health and Cabinet for Health and Family Services take action during a crisis.

chapter 1

Overview of Kentucky's Two Major Disaster Response Plans

1. Kentucky Department for Public Health Disaster Response & Recovery Plan

Kentucky Department for Public Health would be the primary point of contact early on in a potential public health emergency. The department's Disaster Response & Recovery Plan is organized around three phases of disaster response and communicating with the public during a disaster.

- Pre-disaster phase – consists of planning and preparing for disasters ranging from bioterrorism to tornadoes, including disaster exercises, education and training of department staff.

- Disaster or event phase – consists of disaster and emergency response services geared to respond to the needs of the community experiencing the disaster. Such services include search and rescue, emergency medical treatment, biological, chemical or radiological response and any other service necessary to protect public health.

- Disaster recovery and clean-up phase – consists of services dedicated to sanitation, food supply protection, environmental monitoring, disease and vector control, immunizations, etc.

In addition, Kentucky has a risk communications policy that outlines the Cabinet for Health and Family Services' process for reaching the media and the public during a disaster of any type and in any location.

Each of the 56 district health departments has developed a disaster response plan that is integrated with its local emergency management plans. **Citizens are advised to contact their local health department and emergency management office about preparedness planning within their communities.** Contact information for the 14 area offices of emergency management and county health departments is listed in Chapter 6 under "Resources."

2. Kentucky Division of Emergency Management Emergency Operations Plan

By state law, the Kentucky Division of Emergency Management Emergency Operations Plan is the state's governing plan for state response in a declared state of emergency. The Emergency Operations Plan for the Kentucky Division of Emergency Management is more than 300 pages long and can be accessed at http://kyem.ky.gov. The Web site is available to the general public and contains detailed information in a series of "annexes," which are organized by subjects, such as "Increased Readiness," "Search and Rescue Services," "Earthquake," etc.

The Kentucky Division of Emergency Management Web site provides specific details about which agency deals with which hazard as well as which agency has a primary or secondary response role with an emphasis on enhancing collaborative surveillance/assessment systems during a disaster. Kentucky Division of Emergency Management reaches deep into the state with each of the 120 counties having a county emergency operations plan and a local contact person. The county plans are mirror images of the state plan.

Additionally, Kentucky Division of Emergency Management has these ongoing activities:

■ Duty officers monitor three large flat screen televisions broadcasting news 24 hours a day.

■ Separate from mobile phones and landlines, the division employs a microwave system and another state-controlled system that connects directly to law enforcement first responders. Satellite communications are available when needed.

■ By federal mandate, cell phones will eventually feature a built-in Global Positioning System locator to lessen difficulties caused by 911 caller and program issues that exist throughout the state.

■ Kentucky Division of Emergency Management maintains regular contact with local suppliers should generators and diesel fuel be needed in the event of a power outage.

■ Emergency Radio Broadcast System that provides information put out by the State Police and is then made available to the public through the Emergency Alert System.

■ Voice mail, e-mail and fax messages at a county level are automatically released simultaneously in a crisis alert.

COLLABORATIVE EFFORTS

Much has been learned from recent incidents in the United States. One of the biggest lessons to come from such events as 9/11, the East Coast power outage, the 2003-04 hurricane seasons and other incidents is the vital nature of communication ability to ensure the safety of the public. Robert Scott, who was at ground zero on September 11,, said when speaking to a Harvard Business School audience, "There is no way you can over-communicate in a crisis." Former World Trade Center director Alan Reiss testified to the September 11 commission that communication is key in disaster response.

Kentucky has implemented a series of activities to assess its capacity for communicating emergency or vital public health information as well as made the necessary changes to improve that capacity. Collaboration among Kentucky's local health departments and across other agencies has been a key change that has brought about improved communication capability.

1. Agencies, local governments, media and citizens

For disaster planning to be effective, collaboration between agencies, local governments, the media and citizens is mandatory. Kentucky is proving to be a leader with collaborative efforts taking place statewide. Examples of the collaborative relationships that form the foundation of Kentucky's emergency preparedness include:

■ The Kentucky Hospital Association has formed the Hospital Bioterrorism Committee, which is working with the Kentucky Department for Public Health on disaster preparedness for Kentucky's hospitals. The Committee provides information that assists hospital personnel in the identification of hazardous substances and in responding appropriately during such emergencies.

■ The Epidemiology Rapid Response Team was formed in 1987 to assist with the investigation and control of disease outbreaks in Kentucky. The team has trained members who serve as valuable resources to the public health system. Members are trained to report, manage and help solve public health issues through surveillance, investigation and follow-up. Nearly all members are employed by local health departments throughout the state. The Department for Public Health has also hired regional epidemiologists, based at local health departments, who are spread throughout the state to assist in collaborative planning and conduct surveillance and epidemiological investigations related to public health preparedness.

■ The Kentucky Community Crisis Response Board was established in 1996. The Board is attached to the Kentucky Division Emergency Management and works closely with that agency to ensure organized, rapid and effective response, crisis intervention and disaster mental health services in the aftermath of crises and disaster. They are the state's designated provider of "psychological first aid."

■ In 2004, Kentucky's Division of Mental Health, within the Department for Mental Health and Mental Retardation Services, was awarded a $100,000 grant from Substance Abuse and Mental Health Services Administration. The funds enhance the mental health and substance abuse emergency preparedness and response capacity through Kentucky's statewide network of Regional Mental Health/Mental Retardation Boards, also known as community mental health centers. In addition to the federal funds, the Department for Public Health will support the efforts of the Division of Mental Health with a portion of its Centers for Disease Control and Prevention funds. Each of the 14 Regional Boards will:

– Enhance the emergency preparedness and response capacity on the part of each board

– Coordinate the activities of each board with those of other emergency response entities

– Recruit and train board staff to serve as emergency responders in conjunction with the Kentucky Community Crisis Response Board.

2. The Governor and Advisors

As the state's chief administrator, the governor serves by state law as the senior official in the event of a disaster. The governor would rely on his/her senior leadership team of Cabinet Secretaries and other state officials in an emergency to advise him/her on key actions. These leaders and other representatives of their agencies also stay in close contact with each other in order to best coordinate preparedness efforts, including keeping the governor informed of preparedness efforts and issues on a pre-disaster basis and advising the governor's office on the coordination of disaster response efforts.

Some key members of the Governor's advisory group are:

- Adjutant General, Kentucky National Guard

- Director of the Kentucky Department of Homeland Security

- Secretary of the Cabinet for Health and Family Services

- Secretary of the Justice Cabinet

- Commissioner of the Department for Public Health

- Director of the Kentucky Division of Emergency Management

- Kentucky State Police Commissioner

- Secretary of the Cabinet for Environmental and Public Protection

- Other agency officials on an as-needed or situational basis

ADDITIONAL DISASTER PLANNING ACTIVITIES

Statewide collaborative efforts aimed at community leaders and local government representatives across the state have been under way since 2001. Department for Public Health doctors made presentations on bioterrorism and emerging public health issues and conducted meetings across the state. Attendees were drawn from the Cabinet for Health and Family Services, Kentucky Division of Emergency Management and first responders, such as hospital, emergency medical services and police and fire employees.

Other mock disaster exercises and drills dedicated to integrating the personnel and planning efforts of different agencies have also occurred. Teams from emergency management, public health and other local officials were brought together to explore ways to reduce overlap of services and increase inter-agency collaboration.

Other developments include:

- New people are on board at local public health departments: regional training coordinators, regional epidemiologists and public health preparedness planners.

As a result of the initiatives from the Cabinet for Health and Family Services, every local health department is in the process of revising and expanding its collaborative community planning for disaster response and recovery.

A key mandate for each department is to work in tandem with its local emergency management personnel. To further this effort, the Department for Public Health has added regional training coordinators specifically for disaster and public health preparedness-related training coordination and public health preparedness planners. In many regions, these people may serve as subject matter experts should a crisis occur in their region.

■ The Cabinet for Health and Family Services has announced additions to its emergency communications network. In addition to the comprehensive new database, the Health Alert Network (see Chapter 2 of this Guide for a more detailed description), there are three other key additions to Cabinet's emergency communications efforts statewide: the Poison Control Hotline, ProAct and Ky.Train.Org. Brief synopses of each follow:

– Poison Control Hotline (800-222-1222): The Kentucky Department for Public Health has established a partnership with the Kentucky Regional Poison Center to be the primary contact for the public during the first six days of a public health emergency attack in Kentucky. The poison center will answer any questions concerning possible exposures during the crisis or any questions related to decontamination, possible symptoms, patient treatment, at-risk populations or other concerns. It is anticipated the Poison Control Hotline will be a primary source of information for health professionals, emergency service providers, hospitals and the general public.

– ProAct – Preparedness & Response On Advanced Communications Technology: This videoconference network is designed to bring local, state and national experts, as well as public health officials and community clinicians face to face in the aftermath of a natural or man-made disaster. For the first time, rural Kentucky will have access to health experts via this dedicated interactive videoconference system, which exists in hospitals and is being expanded to health departments around the state. This network is also being used for statewide training through regional sites.

– Ky.Train.Org: A learning management system, Ky.Train.Org is both a registration tool for public health, emergency responders and others in the medical or response communities to enroll in disaster response training and a method for tracking course listings, locations and attendees. The site will allow the Department for Public Health to track what kind of disaster training is taking place statewide as well as which individuals have received specific training.

■ The Cabinet for Health and Family Services has developed and implemented an initial media crisis response plan that provides a framework for how the Cabinet

Communications Office reacts to a potential or determined public health emergency or disaster. This risk communication policy goes into effect upon *notification from Kentucky Cabinet for Health and Family Services Secretary or Department for Public Health Commissioner or designee to the Cabinet Communications Office of a potential Kentucky problem.*
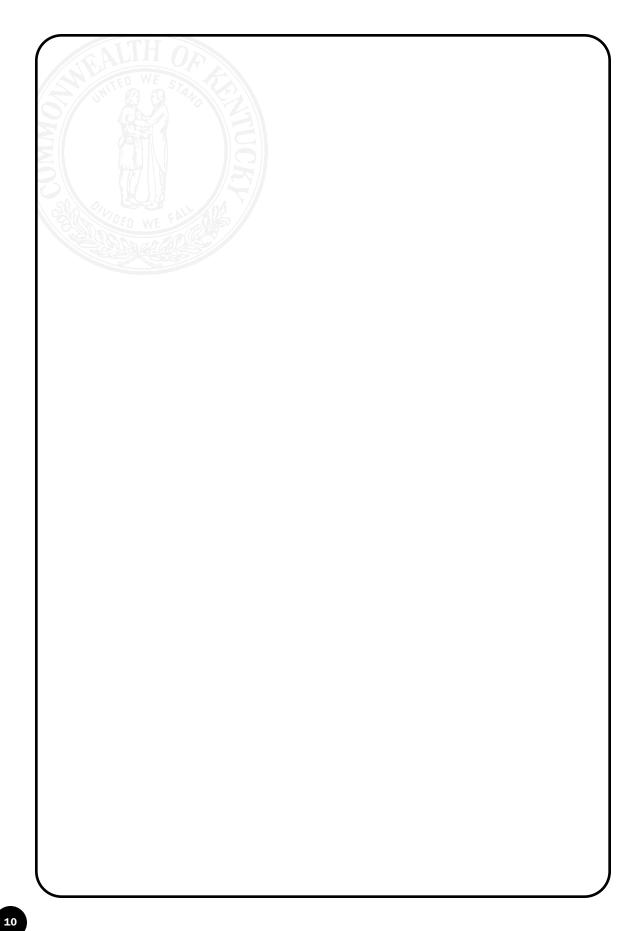
SUMMARY

Disaster response and recovery planning is ongoing. One of the key tasks still ahead is to inform the public of the new resources being put in place to protect health and safety.

Additional areas the state is working on as part of comprehensive emergency planning:

■ A disaster such as bioterrorism has a "tail" to it; dangerous effects may not occur immediately, or the effects may linger as long-term hazards. In long-term response and recovery efforts, full-time disaster response teams, both health professionals and emergency management officials, can find themselves exhausted after days, weeks or months of hard work. Trained citizen volunteers will be needed if Kentucky is to be assured of sustained long-term support.

■ The public needs to hear about disaster preparedness planning on a range of health hazards and on a regular basis. Health hazards can vary from tainted food to influenza to infectious diseases caused by household pets. Regular communication on a variety of issues can prevent a sense of "terrorism fatigue" (a situation where a series of public alerts are issued and a terrorist event does not occur can create fatigue among the public) during non-crisis situations.

From the state level to the most rural community, Kentucky's public health officials and emergency management personnel — along with the new regional training coordinators, regional epidemiologists and public health preparedness planners — are dedicated to collaborating across agency lines with one goal in mind: *"To prevent disasters every day."*

The Health Alert Network

The Health Alert Network is a nationwide integrated information and communications system that functions as the alert component for the Public Health Information Network in the Centers for Disease Control and Prevention. The Health Alert Network is a platform for distribution of health alerts, dissemination of prevention guidelines and other information, distance learning, national disease surveillance and electronic laboratory reporting, as well as for the Centers for Disease Control and Prevention's bioterrorism and other public health emergency-related initiatives. **The system is designed to strengthen preparedness at the local and state levels by allowing for rapid, wide dissemination of vital health alerts** to pre-determined individuals in a variety of response settings.

Since the Health Alert Network is reliant on high speed Internet connection capability, the Commonwealth of Kentucky has also identified community-based communication points, agencies, organizations, schools and individuals to form a Community Disaster Preparedness Information Network that will get health alerts and other critical information to the public when normal channels of communication are blocked or are not working, such as major power outages. Details about this network can be found in Chapter 5 of this Guide.

Kentucky Department for Public Health - Health Alert Network

The Health Alert Network in Kentucky provides rapid and timely access to health information, access to trained health professionals and practices and procedures for effective health preparedness, response and service at all times.

The Kentucky Department For Public Health Disaster Response and Recovery Plan is organized around three phases of disaster response and communication during a disaster: pre-disaster phase, disaster or event phase and the disaster recovery and clean-up phase. The Health Alert Network will serve as a response and communication tool in all phases of the plan. The purpose of the Health Alert Network is to help public health agencies achieve high levels of organizational capacity in protecting the public through rapid communication of essential information.

chapter 2

■ When complete, the Health Alert Network will ensure:

– High-speed, secure Internet connections for local health officials, providing access to Centers for Disease Control and Prevention and Department for Public Health's prevention recommendations, practice guidelines and disease data

– Capacity for rapid and secure communications with first responder agencies and other health officials

– Capacity to securely transmit surveillance, laboratory and other sensitive data

– Online, Internet- and satellite-based distance learning systems

– Early warning alert systems using phone, fax and e-mail notification.

The Health Alert Network in Kentucky is currently being populated with contact information for individuals across the public health workforce as well as local and state emergency response officials and other community partners. Access to information will be based on what the designated role of the individual is and what information is targeted to the individual.

Ways You Can Help

All across the nation, Americans selflessly reach out to offer help to those on the front lines of disaster whether it be a terrorist attack in New York, a hurricane in Florida or wild fires in California. This response isn't the exception, but time and again when crisis strikes a community, complete strangers band together to offer first aid, financial resources, food and water, strong backs, whatever is needed to help tackle the devastation and transform it into restoration. Despite our diversity, we are a nation of helpful people. We are willing to get personally involved with people and their needs to make our communities and our nation safer, stronger and healthier.

Recent studies conducted on behalf of the Kentucky Cabinet for Health and Family Services/Department for Public Health confirm this. A survey in 2003 showed that 99 percent of the population would be willing to help a neighbor in the event of a large-scale public health emergency; however, a more recent survey also revealed that the willingness to help did not translate into knowing how to help. Effective volunteers are trained, organized and prepared volunteers who are ready to step in when needed. This chapter identifies ways Kentucky citizens can get involved as volunteers and be prepared to help their neighbors, their community and their state cope with and recover from public health hazards of all kinds.

READY TO HELP

When a disaster strikes a community, who would be ready to help? Recent events, including tornadoes, floods and ice storms clearly revealed that Kentucky residents would tackle whatever tasks must be done whether it is filling sand bags, picking up debris, rendering first aid or providing food and shelter for those left with nothing more than the clothes on their backs. While spontaneous help is needed and valued, in a large-scale disaster, community volunteers who are not just willing, but well-trained and organized, can make a big difference in the speed and effectiveness of the recovery.

The Kentucky Department for Public Health Disaster Response and Recovery Plan depends on the citizens of Kentucky to prepare

themselves to be mobilized in the event of a sustained emergency situation. Volunteer activities support first responders, disaster relief groups and community safety organizations, such as local law enforcement, fire, emergency medical services, community public health efforts and emergency management. Opportunities to be trained and to serve as a volunteer exist at the local, state and national levels.

The Commonwealth and its local jurisdictions face the difficult challenge of ensuring that citizens, emergency responders, essential government services and private property are protected from the consequences of hazards of all types, including a terrorist attack, disease outbreak or natural disaster. To enhance state and local planning, the Kentucky Division of Emergency Management allocated grant funding to local governments to update and enhance existing emergency operations plans, including volunteer activities, such as Citizen Corps and Community Emergency Response Teams. The planning grant provides funding to all 120 counties to upgrade their emergency operations plans for all hazards with special emphasis on Weapons of Mass Destruction terrorism preparedness.

Kentucky Division of Emergency Management has a state domestic preparedness plan that includes the development of local capability in conjunction with a well-equipped and trained volunteer regional response force. This involved creating and equipping 14 all-volunteer hazardous material/weapons of mass destruction multi-disciplined Regional Response Teams. Each one of these teams is made up of local volunteers from law enforcement, fire services, public works and various local businesses and volunteer organizations and primarily serves one of the 14 state emergency management areas. The Regional Response Team is a locally operated volunteer organization that is built from the local community up to the regional level. The equipment purchased by these teams is stored, maintained and used by the same first responders who make up the local community support agencies. This dual use of local first responders is very similar to our "citizen soldiers" in the Armed Forces reserve and state National Guard. In fact, many of these first responders are members of those very same organizations.

VOLUNTEER SERVICE OPPORTUNITIES

National Citizen Corps Council — The National Citizen Corps Council brings together leaders from first responder groups, emergency management, volunteer organizations, government and private levels to create local Citizen Corps Councils and to advance the mission of Citizen Corps.

Members of the National Citizen Corps Council:

- Identify opportunities for collaboration among local, state, tribal and federal organizations

- Discuss the best ways to develop and support local Citizen Corps Councils

- Exchange information on programs to promote public awareness, training, safety and volunteer opportunities

- Develop and disseminate messages on safety and emergency preparedness that will be effective in engaging communities and individuals in Citizen Corps

- Serve as the catalyst for engaging others within their areas of expertise to promote the Citizen Corps mission.

Citizen Corps — Citizen Corps is a community based initiative to engage all citizens in homeland security and community and family preparedness through public education and outreach, training opportunities and volunteer programs. Programs under the citizen Corps umbrella include federally sponsored programs and other activities that share the goal of helping communities prevent, prepare for and respond to terrorism, public health issues and disasters of all kinds. It encourages all Americans to take an active role in building safer, stronger and better-prepared communities.

Citizen Corps Councils help drive local citizen participation by coordinating Citizen Corps programs, developing community action plans, assessing possible threats and identifying local resources.

The Kentucky Citizen Corps Councils include:

- Ashland Boyd County Catlettsburg Citizens Corps Council

- Boone County Citizen Corps Council

- Frankfort/Franklin County Citizens Corps Council

- Hancock County Citizen Corps

- Kenton County Citizen Corps

- Kentucky River Citizen Corps Council

- Knox County Citizen Corps Council

- Lexington-Fayette County Citizen Corps Council

- Liberty/Casey County Citizen Corps

- Lincoln County Citizen Corps Council

- Louisville-Jefferson County Metro Citizen Corps Council

- Madison County EMA CSEPP WMD Group

- Marshall County Citizens Corps

- Mason County Emergency Response Team

- McCreary County Citizen Corp

- Mercer County Citizens Corps

- Owensboro - Daviess County Citizen Corps

- Paducah-McCracken County Citizen Corps Council

- Pike County Citizen Corps Council

- Scott County Citizen Corps Council

- Triple S (Shelbyville, Simpsonville, Shelby County)

- Warren County Citizen Corps

- Woodford County Citizen Corps Council

- **Local Council in Frankfort:** Kentucky Citizen Corps Working Group

Citizen Corps programs include the following:

- Community Emergency Response Team

- The Fire Corps

- Neighborhood Watch Program

- Volunteers in Police Service

- Medical Reserve Corps

Community Emergency Response Team (CERT) — The CERT educates people about disaster preparedness and trains them in basic disaster response skills, such as fire safety, light search and rescue and disaster medical operations. Using their training, CERT members can assist others in their neighborhood or workplace following an event and can take a more active role in preparing their community. The program is administered by DHS. For more information on CERT, visit http://www.training.fema.gov.

The Fire Corps — The Fire Corps promotes the use of citizen advocates to enhance the capacity of resource-constrained fire and rescue departments at all levels: volunteer, combination and career. Citizen advocates can assist local fire departments in a range of activities, including fire safety outreach, youth programs and adminstrative support. Fire Corps provides resources to assist fire and rescue departments in creating opportunities for citizen advocates and promotes citizen participation. Fire Corps is funded through DHS and is managed and implemented through a partnership between the National Volunteer Fire Council, the International Association of Fire Fighters and the International Association of Fire Chiefs.

Medical Reserve Corps Program (MRC) — Medical Reserve Corps (MRC) volunteers strengthen communities by helping medical, public health and other volunteers offer thier expertise throughout the year as well as during local emergencies and other times of community need. MRC volunteers work in coordination with existing local emergency response programs and also supplement existing community public health initiatives, such as outreach and prevention, immunization programs, blood drives, case management, care planning and other efforts. The MRC program is administered by the U.S. Department of Health and Human Services. To locate a unit in your area, please visit http://www.medicalreservecorps.gov.

Neighborhood Watch Program — The Neighborhood Watch Program incorporates terrorism awareness education into its existing crime prevention mission, while also serving as a way to bring residents together to focus on emergency preparedness and emergency response training. Funded by the U.S. Department of Justice (DOJ), Neighborhood Watch is administered by the National Sheriffs' Association.

Volunteers in Police Service (VIPS) — VIPS works to enhance the capacity of state and local law enforcement to utilize volunteers. VIPS serves as a gateway to resources and information for and about law enforcement volunteer programs. Funded by DOJ, VIPS is managed and implemented by the International Association of Chiefs of Police. For more information on the program in your community, contact your local police department.
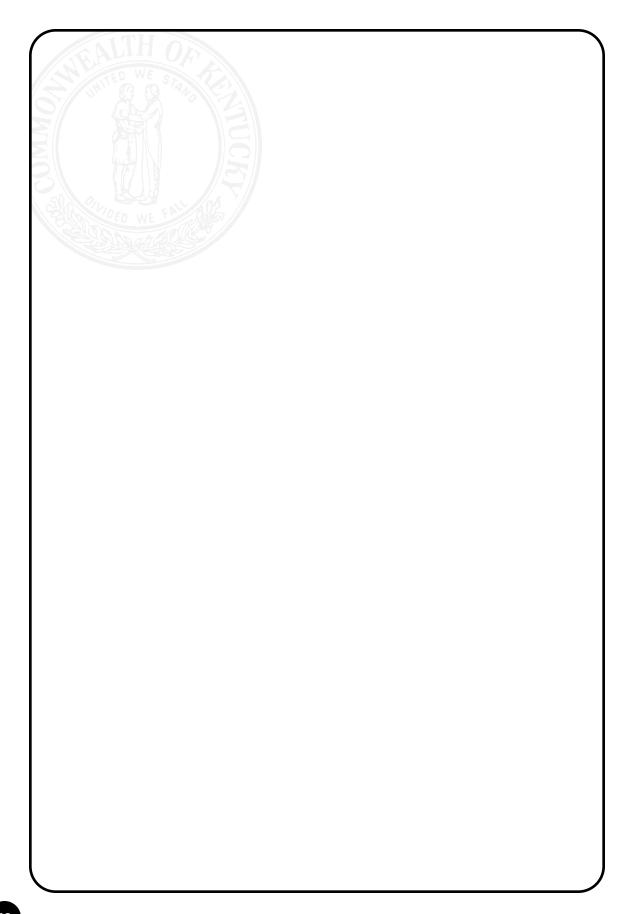
OTHER VOLUNTEER OPPORTUNITIES

Initially, when disaster strikes, the scene can be chaotic, even dangerous. Only those citizens at ground zero and trained professionals should be involved in the first response. Driving to a disaster site to help out is not advised. In fact, not many volunteers are needed from outside an event site until the disaster recovery and cleanup phase. Organizations, such as the National Voluntary Agencies Active in Disaster (www.nvoad.org) and Volunteers in Technical Assistance (www.vita.org) provide information on ways citizens can help, what types of skills are needed and whom to contact about volunteering and training.

Many nonprofit groups, such as the American Red Cross and the Salvation Army, also need volunteers to help not only during times of major public health emergencies, but throughout the year. The American Red Cross provides for the most basic human needs, including food, shelter and supplies for disaster victims and emergency workers. The Salvation Army has teams of doctors and nurses who can be on their way to the scene of a disaster within two hours of notification. The Salvation Army sets up dispensaries and first aid stations and provides nursing care in shelters. Salvation Army officers are also ordained clergy who are trained to provide posttraumatic stress disorder counseling and disaster counseling.

One of the best ways for citizens to help is to make cash donations to these and other relief organizations. Your local public health department and office of emergency management can provide information on organizations that need volunteers.

For more information about volunteer service opportunities in your community, visit the Web site of the Kentucky Commission on Community Volunteerism and Service at http://chfs.ky.gov/dhss/kccvs/.

Personal Safety

HOW TO PREPARE FOR A PUBLIC HEALTH EMERGENCY

Disaster most often strikes quickly and without warning. It can force people to evacuate their neighborhood or confine them to their home. What do people do if basic services — water, gas, electricity or telephones — are suddenly cut off? The best way for Kentucky citizens to make their families and homes safer is to be prepared <u>before</u> a disaster.

Preparing beforehand means knowing the challenges that lie ahead and creating a plan. The Kentucky Department For Public Health, the Kentucky Division of Emergency Management, the Federal Emergency Management Agency and the American Red Cross advise citizens to create a family emergency plan and a family emergency supply kit.

Some basic guidelines that citizens should follow in preparing for a public health emergency:

- Contact local public health and emergency management offices for information about the types of disasters that might occur in their area and how to prepare for them. Also ask about local emergency plans and how they will be implemented in the event of a crisis.

- Know the Homeland Security Advisory System and risk levels:
  green – low
  blue – guarded
  yellow – elevated
  orange – high
  red – severe

  The American Red Cross has guidelines for families and communities on how to respond to these alerts. The details are accessible by calling your local Red Cross chapter or online at http://www.redcross.org.

- Write out a family emergency plan that includes basic information on how they and their family can protect themselves during a public health emergency. Review the plan and update it as needed.

chapter 4

- Create an emergency communication plan in case family members are separated during a disaster. Separation is a real possibility during the day when children are at school and adults are at work. Decide where children will go if parents can't get home. Also, identify a local contact person and an out-of-town contact person.

- Become familiar with evacuation/escape routes in their community.

- Create a disaster supply kit with food, water, medicines and other materials sufficient for three days.

- Prepare a list of contact information for each family member.

  – Hospitals closest to home, school or place of work

  – Family physicians and dentists

  – Local and out-of-town personal emergency contacts

  – Local public health department

  – Poison Control Center

  – American Red Cross

- Gather health information on themselves and family members, such as immunization history, blood type, allergies, current medication, past and current medical conditions and the ages and weights of children.

- Develop a plan for pets or service animals. Pets may not be permitted in public shelters.

- Meet with neighbors to discuss disaster preparedness. Learn which neighbors have special skills and which have special needs, such as persons who are disabled or elderly.

  For detailed guidelines and planning lists, visit:

- American Red Cross
  http://www.redcross.org

- Cabinet for Health and Family Services/Department for Public Health Web site
  http://www.chfs.ky.gov

- Kentucky Division of Emergency Management
  http://kyem.ky.gov

- Federal Emergency Management Agency
  http://www.fema.gov/areyouready

- New York City Office of Emergency Management
  http://www.nyc.gov/html/oem/home.html

- Rand Corporation, *Individual Preparedness and Response to Chemical, Radiological, Nuclear and Biological Attack/A Quick Guide*
  http://www.rand.org/publications

Emergency Supply Kit

Although the Kentucky Department for Public Health does not recommend specific bioterrorism-related precautions for the public, the state does recommend that families have a disaster supply kit in place for any event, such as a tornado or flood, that includes at a minimum these emergency supplies:

- A three-day supply of food and water (one gallon per day per family member)

- Clothing, blankets and sleeping bags

- First aid kit, including current prescription medicines

- Battery-powered radio and flashlight with extra batteries

- Candles and matches

- Sanitation supplies, including iodine tablets or bleach to disinfect water

- Potassium iodide to protect against radiation poisoning

- Special needs items for infants, older adults or disabled family members

- Extra set of car keys and eyeglasses

- Cash or traveler's checks

- Important family documents in a waterproof container.

Keep a smaller emergency supply kit in your car.

(Sample Form)
Family Disaster Plan Check List (one copy for each family member)

■ Emergency Meeting Place _____
 (outside your home)

■ Meeting Place_____
 (outside your neighborhood)

■ Local contact person _____
            phone   _____ (work)
                    _____ (mobile)
                    _____ (home)

■ Out-of-town contact person_____
            phone   _____ (work)
                    _____ (mobile)
                    _____ (home)
■ Hospital nearest:
            home _____
            school _____
            work _____

■ Family physician _____ phone _____

■ Family dentist _____phone _____

■ Phone numbers:
            Public health department _____
            Poison Control   _____
            American Red Cross   _____

■ Health History
            Age: _____   Weight: _____   Height: _____
            Immunizations: _____
            Medications: _____
            Allergies: _____
            Current health conditions:_____
            Blood type: _____

Emergency Phone Numbers & Information for Children
(make enough copies for each child in your family to carry with them)

My name: _____

My family name: _____

My phone number: _____

My address: _____

My town: _____

My county: _____

Ambulance/Fire/Police/Sheriff: 911 _____

Mother: _____

Father: _____

Local contact: _____

Out-of-area contact: _____

Meeting location and address: _____

_____

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BIOTERRORISM - A NEW THREAT

Bioterrorism is no longer a theoretical possibility. It is a threat that is real and could happen anywhere. The perception that Kentucky is not a likely target of a terrorist attack or that support activity could not be occurring in Kentucky is wishful thinking, according to the Kentucky Division of Emergency Management.

No one knows exactly how likely a terrorist attack on the United States is or how much damage different types of attacks might cause. Some experts predict that the most likely form of terrorist attacks will be conventional explosives targeting government buildings, skyscrapers, hazardous industrial sites, transportation facilities, roads, bridges, railroads and airports located on the East or West Coasts. The general consensus has been that the least likely methods of attack would be chemical, biological, radiological or nuclear. In particular, biological agents require much greater expertise and technology to grow than what is required to mix chemicals for a chemical attack. However, their potential for severe damage, even from a small release, and their fairly low cost, make certain biological agents attractive to terrorists. The consequences of such an act require that states and the federal government prepare for such unthinkable actions.

Types of Biological Agents of Potential Use in an Attack

Based on research, the Centers for Disease Control and Prevention has identified six biological agents that pose the greatest threat due to their ease of dissemination, lethality or a combination of factors. Many of these bioweapons require skill and equipment to produce and would be difficult for a terrorist to use effectively. Some are less lethal than others but can create widespread public fear because of their gruesome effects.

Biological weapons are viruses or bacteria silently introduced into the environment; take time to be detected and correctly identified (chemical weapons are often detectable by smell and sight, such as chlorine gas and its greenish-yellow color); and in some cases, can be spread from person to person. Time is also required to track down the original source of contamination and to develop the appropriate plan of action to treat people, prevent spread of the disease and to find and arrest the perpetrators. At least 17 nations are believed to have biological weapons programs.

Biological agents categorized as posing the highest level of threat:

■ **Anthrax** – a disease caused by bacteria called *Bacillus anthracis* that occur naturally in warm-blooded animals. If processed for use as a weapon, anthrax would most likely be spread in the air. Symptoms set in as early as a day or two and up to seven weeks after exposure. The inhaled spores grow rapidly, causing fever, difficulty breathing and malaise. Untreated, 90 percent of people exposed to anthrax inhalation die. Antibiotics can stop the disease if they are taken at the time the anthrax spores begin to grow or soon thereafter.

Anthrax can also enter the body through the skin or orally through food. Although serious, these two forms of exposure are less lethal (20 percent for untreated cutaneous anthrax and 25-60 percent for untreated ingested anthrax). Antibiotic treatment is highly effective in treating these two forms of exposure. Anthrax is not contagious. It does not spread from person to person.

- **Smallpox** – a serious, disfiguring and sometimes-fatal disease caused by the *Variola virus*. Smallpox disease was declared eradicated worldwide in 1980 and vaccination stopped everywhere in the world in 1983. In the past, one-third of the people who got the disease died. Smallpox is spread from person to person, usually after the sick person develops a high fever and a rash. The rash works itself from the face, arms and legs onto the trunk of the body and the fever usually prevents the person from carrying out normal activities.

  There is no treatment for smallpox, but the smallpox vaccine provides good protection and serves to stop the spread of the disease. The Strategic National Stockpile maintains an emergency supply of doses. A program to produce more vaccine started in 2000. While many vaccines must be given weeks or months before a person is exposed to an infectious agent, the smallpox vaccine can give protection after a person is exposed if administered within three days after exposure. Vaccination within four to seven days of exposure likely offers some protection from disease or may lessen the severity of disease.

- **Plague** – a disease caused by the bacteria *Yersinia pestis*. Pneumonic plague is considered a lethal and potentially effective bio-weapon because it is deadly, contagious and infectious. Untreated, 100 percent of people exposed to pneumonic plague will die; even with treatment, half of those exposed will die. Symptoms are fever, headache, bloody sputum and rapidly progressing pneumonia. To be effective, antibiotics must be administered within 24 hours of the first symptoms.

  In nature, plague is transmitted to humans by inhaling the bacteria or by the bite of a flea that has bitten an infected rat. Spraying for fleas and controlling rat populations can control the disease.

  There are three forms of plague: pneumonic that infects the lungs; bubonic that infects the lymph system; and septicemic that infects the blood stream. Pneumonic plague can also be passed from one person to another through coughing. Bubonic and septicemic plague are not contagious.

- **Tularemia, or rabbit fever or deer fly fever** – The bacterium *Francisella tularensis* occurs naturally in the United States and causes a potentially serious infectious disease.

Inhalation of a single tularemia bacterium can infect a person. As a bio-weapon, the bacteria would likely be released as an aerosol with the potential for causing severe pneumonia. A small amount of bacteria could infect a large population. Health care professionals might have difficulty correctly identifying tularemia because symptoms include those similar to influenza or a common cold – sudden fever, headache, diarrhea, body aches, dry cough and weakness. It is not contagious and if identified early, it can be treated effectively with antibiotics.

■ **Botulinum toxin** – a bacterium that causes a muscle-paralyzing disease called botulism. In solution, the toxin is colorless, odorless and tasteless. It is the most poisonous substance known to man. While the toxin could be disbursed into the air through an aerosol device, most experts believe terrorists would more likely contaminate food and drink. Foodborne botulism can occur in improperly canned or undercooked food. As a bio-weapon, the toxin poses a major threat because it is potent, highly lethal and easy to produce, transport and use. An antitoxin administered soon after the onset of symptoms can halt the spread of paralysis, but will not reverse paralysis that has already occurred.

■ **Viral hemorrhagic fevers** – a group of illnesses that are caused by distinct families of viruses. They infect many body systems and often cause bleeding. While the bleeding itself does not cause death, many of these viruses are life- threatening. Among these illnesses are the filoviruses, such as Ebola; arenaviruses, such as Lassa; bunya viruses, such as Rift Valley Fever; and flaviviruses, such as yellow fever. Although these viruses are not likely to be developed as weapons, the most likely means of disbursement would be through the air as an aerosol.
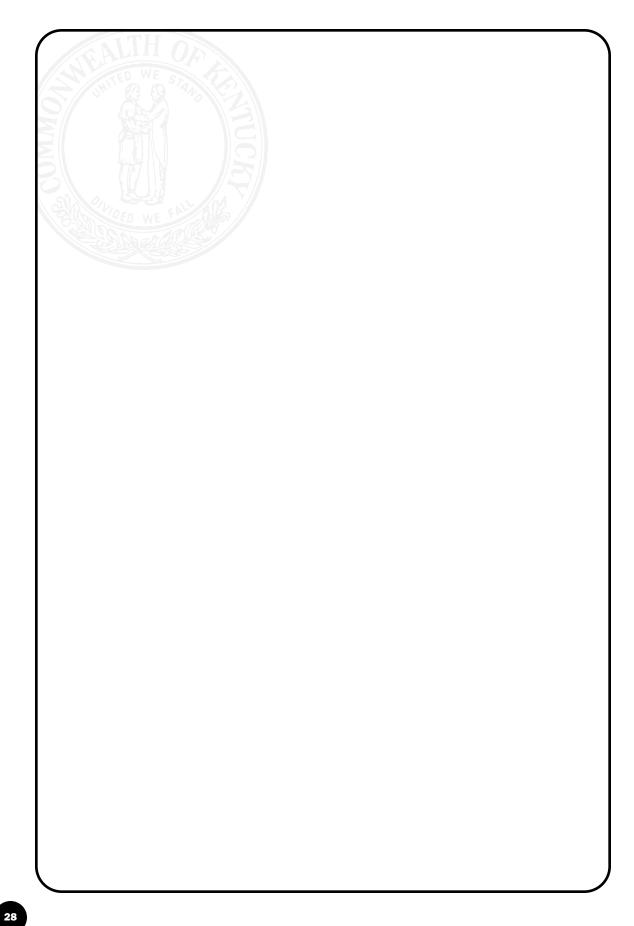
Agricultural Bioterrorism

While most emergency preparedness plans focus on protecting human beings, bioterrorists could also strike at the nation's food supply by infecting plants and animals with disease. Because the United States has a large and diverse agricultural industry, the threat of famine is remote, but a single attack in one locale can have a huge economic impact nationally on food producers. This is already evident in the dramatic, worldwide effect that such nonterrorist-related events as mad cow disease and bird flu had on the beef and chicken industries. In Kentucky, the extensive horse breeding and racing industries could potentially be at risk as well. The state veterinarian is an active member of Kentucky's Statewide Bioterrorism Advisory Committee.

Possible agricultural biological weapons:

- Foot and mouth disease
- Swine fever
- Karnal bunt of wheat
- Stem rust (wheat)
- Sorghum ergot
- Barley stripe rust

Hospital Information

Exposure to a chemical, biological, radiological or nuclear agent requires professional medical treatment. The Kentucky Hospital Association is an active member of the Statewide Bioterrorism Advisory Committee and has formed the Hospital Bioterrorism Committee. Hospital personnel have been trained in the identification of hazardous substances and in responding appropriately during such emergencies. Anyone who suspects they have been exposed to a harmful agent should seek medical care immediately.

Reaching Out to Everyone

The first people on the scene of a disaster are typically neighbors, co-workers or other non-official responders. This requires all citizens to be prepared to act in extraordinary circumstances. A majority of Kentucky residents feel unprepared to help themselves, their neighbors or their community in a time of crisis. Research conducted on behalf of the Kentucky Department for Public Health showed that only 9 percent of the population feels well prepared for any emergency, whether it is natural, man-made or an act of terrorism. More than 60 percent said they were not aware of any actions taken by the state or in their communities to prepare them for a major disaster. And, more than 75 percent said they had done nothing to prepare for an act of terrorism.

Because citizens, rather than fire, police or medical professionals, are usually the first people to respond to a disaster, these findings on the perceived lack of preparation or vulnerability underscore the genuine need for public preparedness training, education and access to information. Kentucky has undertaken a pervasive preparedness effort to reach as many people as possible in every part of the state with training, resources and access to information to help them be ready to respond to natural disasters, disease outbreaks, man-made hazards or acts of terrorism.

Of particular concern for the Department for Public Health are groups of people who are hard to reach through traditional means of communication due to barriers of geography, poverty, language or disability. The perceived vulnerability increases in populations with information disadvantages. Their identifiable needs imply they will require help if they are to be prepared for an incident of bioterrorism or other large-scale crisis. This chapter describes what the Commonwealth is doing to reach these special needs populations, including the creation of a network of communication points at local and regional levels that will be capable of rapidly distributing information along traditional and non-traditional routes.

PERVASIVE PREPAREDNESS - REACHING EVERYONE

When a disaster occurs in Kentucky, emergency preparedness officials, the Kentucky Department for Public Health and relief

organizations will mobilize to help the citizens of the state cope, recover and return to good health. The state's Disaster Response and Recovery Plan guides medical, public health and emergency personnel in how to prepare for and respond to all hazards. It's a plan of action, one put to the test through simulated disaster and one that incorporates training to create a constant state of readiness.

Citizens need to be ready as well. Professional, trained first responders may not be able to reach a disaster site immediately, leaving neighbors and strangers, co-workers and friends to work side-by-side in attending the injured, getting information out about the hazard and about the types of aid needed, organizing teams to clear debris and provide access to the site and any other tasks that need to be taken care of during the first few minutes and hours of an emergency situation.

Pervasive preparedness is a phrase for disaster planning and preparedness as a matter of course rather than a special effort. It means that not only are official agencies prepared to meet the challenges of a disaster, but so are trusted local sources of information, the media, those who provide services to people with special needs and even the general public.

In its emergency preparedness planning for all hazards, the Kentucky Department for Public Health envisions a comprehensive network of resources for citizens to access in the event of an emergency, by whatever means are most readily available to them. This network must rely on traditional information providers, such as print and electronic media, health professionals, emergency and public safety personnel and government officials. But, the Department for Public Health knows that this network must achieve a wider and deeper reach that depends on other formal and informal groups, community "go-to" people who are trusted and known in official and unofficial capacities and individuals who will assist each other neighbor-to-neighbor and even stranger-to-stranger.

The Department for Public Health has developed a plan to "push preparedness down" from the state level to the local level, through the media and other communication strategies to the people and agencies who are trusted in their community or by the special needs populations they serve. These are people involved in schools, churches, local charities, volunteer relief organizations and other civic entities. Included in the state's communication strategies are:

- An Emergency Preparedness Web site: http://www.chfs.ky.gov
- A general information brochure about the Department for Public Health and public health emergencies
- A video about the Department for Public Health and how it prevents disasters everyday, how it prepares for disasters and how it helps people cope when disaster strikes
- Community training materials and information workshops
- A Community Disaster Preparedness Information Network

Community Disaster Preparedness Information Network

The public gets its information in two primary ways — formally through print, electronic and broadcast media; and informally through "buzz." Buzz is informal communication that occurs daily in life through personal conversations, phone calls and social interactions in every day places from work to school to church to the grocery store checkout line. Although broadcast news can reach more people at once, buzz is much more effective in motivating people to action.

Trust plays a role in how people receive messages during a time of emergency. People tend to trust and rely on people they already know more than they rely on outside sources, such as the government or media. That is why the Department for Public Health is identifying people who are trusted in their communities or by the population groups they serve to form a Community Disaster Preparedness Information Network that will get information out to the public when normal channels of communication are blocked or are not working. This network will be crucial to the state's plan for reaching traditionally hard to reach populations. The special needs populations with obvious information disadvantages include people who live in rural areas where radio, TV, satellite and cell phone signals can be spotty; people who do not speak English; people who are blind; and those who are deaf or have hearing impairments.

A recent survey conducted on behalf of the Kentucky Department for Public Health discovered 79 percent of the special needs populations said they had taken no steps to prepare for a terrorist event; and 63 percent said they were not aware of any community organization that might help them in the event of a large-scale public health emergency.

While their responses paralleled those of the general population in the same survey, special needs populations with communication barriers face unique challenges that will impact how they respond, cope with and recover from a disaster. What is it like to be a person with a disability during and after an emergency? What is it like to be a person who cannot hear, see or understand warnings?

The research implies that Kentuckians who face communication barriers are more concerned about typical health and welfare issues and/or about the things that cause them to have special needs. They may face special challenges because they live in remote rural areas, because they do not speak English, because they are blind or because they are deaf. In routine circumstances they expend energy to compensate for the factors that set them apart. Their situations or characteristics are not news to them and they naturally cope or adjust well. While most do not dwell on their challenges, they feel vulnerable because of their circumstances. Their vulnerability is real and will be exacerbated by catastrophic circumstances.

The non-English speaking population and people who are visually or hearing impaired are supported by advocacy groups. Some agencies work specifically to meet the needs of the remote, rural populations in Kentucky. These agencies will play a critical role in helping these communication-challenged populations reach a satisfactory level of emergency preparedness.

Reaching Rural Populations

In Kentucky, groups separated from the general population by disability or language barriers are joined by a large number of rural and rural poor residents. Rural areas of Kentucky are vulnerable to terrorism because they are the sites of most of the state's farms and raw food supplies, many power facilities and U.S. military facilities and weapons storage. This vulnerability is compounded by the lack of capacity, resources, equipment and professional personnel in rural hospitals and emergency services needed to respond to a large-scale crisis, as well as a state population that is overall unhealthier than the national norm and so more susceptible to effects of disease.

According to recent one-on-one research interviews, most people who live in remote areas of Kentucky said they would be more likely to hear about a large-scale emergency from television, radio, neighbors, friends or family. However, basic communications infrastructure, such as telephones and televisions, may be lacking and signals can be spotty. If electricity is lost, residents can become isolated and cut off from shelters, supplies and hospitals. Hazardous roads might become even more dangerous if filled with frightened drivers. Another challenge for people living in rural areas can be the difficulty in accessing organized support or advocacy groups.

To help communicate with and support this rural population, there are trained public health nurses working in each of the state's 120 counties. Working with other organizations with a rural and/or farm-based constituency, such as the Kentucky Farm Bureau and the Kentucky State University extension offices, these public health professionals will serve as information points that, in turn, will push preparedness even further down to the leadership in the smaller communities by providing information, training and materials on public health emergency planning and response. The communication information network created by the department will be essential to reaching and serving the scattered, sparse population living away from cities and mainstream media.

The Department for Public Health is canvassing the state to identify trusted leaders in each county, city and village, including those who work with other special needs populations. The communication information network takes advantage of existing networks and trusted relationships by relying on leadership resources that can be found within the loose-knit communities themselves. For example, volunteer fire departments play important social and cultural roles in the community by connecting people in ways that exceed fire protection services. Residents indicated in surveys they would be likely to ask fire and police officials for information about how to prepare for a major disaster. Faith-based organizations and places of worship are excellent community centers that can provide avenues for reaching people in rural areas. Rural mail carriers may also serve as good points of contact. Wal-Mart retail stores have also proven to be an excellent meeting place or point of access in some communities.

Although the community leaders within Kentucky's rural areas already know the most effective ways to reach out to this population, recent survey findings will inform the state's

continued risk communication planning efforts.

- More than 21 percent of remote rural residents surveyed felt completely unprepared for a large-scale emergency; only 9 percent said they felt very prepared.
- Most rural residents surveyed have at least a high school education or more; 16 percent were not high school graduates.
- Residents surveyed indicated they trusted their local health department and a majority of residents had contacted their local public health department for information or to seek health care services.
- While nearly 71 percent of those surveyed were aware of the state poison control hotline, only 32 percent who knew about it had called it.
- The greatest health or safety concern for many rural residents is a major illness or accidental injury or an existing health condition, rather than natural disasters or terrorism.
- Preparedness information must relate to their experience and needs, e.g., don't talk about public water supply when their county is on wells.
- Rural residents may not be accustomed to complicated application procedures required by federal agencies.
- Rural residents may also include migrant workers who face an additional barrier of language.
- Keep messages simple using pictures to depict actions.

Reaching Non-English Speaking People

According to the 2000 U.S. Census, nearly 4 percent of Kentucky's population over the age of 5 years — about 160,000 people — speak a language other than English at home, and that number is expected to climb as the state's population grows. As evidence of this trend, one urban county health department tracked more than 100 languages and dialects spoken in its office during a two-week period.

Although Kentucky's non-English speaking and English as a second language populations are highly diverse — including Chinese, Bosnian, Russian, Vietnamese and Korean — Spanish-speaking people are among the largest and most rapidly growing population group in certain areas of the state. Although the majority of this population resides in urban areas, many are migrant workers who are highly mobile with very little contact in the communities. Some fear dealing with government authorities because of their immigration status.

While many non-English speaking people settle in, establish homes and find work, a significant percentage still meet federally defined poverty guidelines. In addition, many small communities of people with a common nationality or language tend not to have a lot of interaction with the mainstream English-speaking population; even within the Spanish-speaking sector, communication is often lacking between different nationalities.

The identification of trusted, community leaders is key to reaching the people within these non-English speaking populations. The English as a Second Language teacher network in Kentucky provides trusted communicators for the Hispanic communities as well as other populations that speak languages other than English. Other trusted individuals or groups include employers, religious institutions, charities and programs that provide translators as well as services and material goods. Ethnic restaurants can also be good contact points. In addition, many non-English speaking people surveyed had school-aged children who can become conduits of emergency preparedness information between schools and parents.

Although many community leaders that advocate on behalf of Kentucky's non-English speaking populations already know the most effective ways to reach the people they serve, recent survey findings will help the state in the development of a community disaster preparedness communication network.

- Only 12 percent of those surveyed felt well prepared for a public health emergency; 32 percent felt they were completely unprepared.
- More than 90 percent said they would be likely to hear about a large-scale emergency on television; 28 percent would hear about it on radio.
- Among those surveyed, many are more concerned about staying healthy, speaking and understanding English or paying for medical care and major illnesses or accidental injuries than they were worried about war or disasters.
- Health departments, hospitals and clinics were primary sources of health information (as opposed to doctor's offices for other special needs groups).
- Among those surveyed, many were unable to understand warnings and instructions in English.
- A majority (54.7 percent) had not graduated from high school.
- Many of those surveyed expressed an interest in preparedness classes/training to learn what to do before, during and after an emergency.
- Social networks, including family members and neighbors, are important conduits for getting information to people.
- Police, firefighters and health care workers are reliable sources of information, but undocumented immigrants may be reluctant to interact with them for fear their status will be disclosed.
- A large majority of those surveyed (66.7 percent) had never contacted their local health department.
- More than 86 percent were unaware of the state's poison control hotline.
- Because Spanish-speaking people account for the largest number in this special needs group, Spanish-language messages should be used in broadcast media as well as in printed materials.
- When possible, information should be given out during a person-to-person outreach.
- Cultural differences in health practices and beliefs need to be considered in presenting emergency preparedness information.

Reaching People Who Have Disabilities

Because people who are deaf or blind tend not to live in clusters, as opposed to close-knit ethnic communities, it is often difficult to identify community leaders for these population groups. To overcome this obstacle, the Department for Public Health has developed partnerships with statewide organizations that serve people who are blind or who have hearing impairments, including the Kentucky School for the Deaf, the Commission for the Deaf and Hard of Hearing, the Central Kentucky Radio Eye (the only radio reading service for the blind in Kentucky), the Kentucky Council on Disabilities, the Kentucky Department for the Blind and other advocacy groups and support services. Leaders within these organizations have been eager to participate in the state's emergency preparedness planning for response and recovery.

As is true for the general population, during an emergency, communication is a lifeline for people who are blind or hard of hearing. That is why identifying people with special needs within a community is the first step in a preparedness outreach effort. The way to reach people with disabilities will vary from place to place and even at different points in time as technologies and personnel change. Kentucky's Department for Public Health will consider as many factors as possible in its outreach efforts to people who are blind or deaf.

Messages and information should include:

- Tips for developing a network of friends, family or co-workers that can help in an emergency
- Advice on preparing an emergency plan that includes information about special health needs, equipment or supplies and reminders to give a copy to a friend or neighbor.
- Tips for contacting the local offices of emergency management and public health to determine if they maintain a registry of people with special needs so they can be assisted quickly in a disaster

Recent Department surveys indicate that people with sight disabilities:

- Are more concerned with falling, losing remaining vision, major illnesses and other personal needs than they are worried about a major public health emergency
- Would be most likely to hear about a large-scale health emergency on television (84 percent)
- Said television would be the best way to get emergency information to them (60 percent)
- Were somewhat familiar (48 percent) with the state's poison control hotline, but a majority (52 percent) had never heard of it
- Rely on others for transportation and should arrange in advance for transportation to shelters or evacuation sites
- Should store extra canes at home and work
- Should store food and water and other supplies for guide animals. Check with local emergency management officials to learn if guide animals are allowed to stay in shelters with their owners

People with hearing impairments:

■ Are more concerned with a specific health condition or injury than they are worried about disasters.

■ Are most likely to receive health information and services from a doctor's office.

■ Would be most likely to learn about a large-scale emergency in Kentucky from the television (40 percent), the Internet (12 percent) or friends and neighbors (12 percent).

■ Indicated the best way to get information about an emergency to them would be television (44 percent), the Internet (20 percent) or a pager (12 percent).

■ Said they would seek more information about an emergency from the Internet (24 percent), a hospital (12 percent), by calling 911 (12 percent) or from the American Red Cross, family members, neighbors and friends, the police department, a pastor or church representative, the doctor's office or radio (8 percent each).

■ Feel better prepared than other special needs groups. Of those surveyed, 28 percent said they felt very prepared; 8 percent felt they were completely unprepared.

■ Were not familiar (76 percent) with the state's poison control hotline.

■ Tend to be highly educated with only 12 percent lacking a high school diploma.

■ Should tap the space bar to indicate a TDD call when dialing 911.

■ Should store writing paper and pens/pencils with emergency supplies.

■ Should ask a friend to make contact when emergency information is broadcast on television or radio.

Community leaders should verify that:

■ Emergency hotlines include a TTY/TDD (text telephone) number when available or the instruction "TTY callers use relay." Official spokespersons should have this information for both television and radio broadcasts.

■ Information is made available in alternative formats, such as Braille, cassette or large fonts whenever possible before an event.

■ A telephone tree or other calling system is available within the community to alert people who are deaf or blind to a disaster. It could also be used in reverse to allow people in this population group to communicate a hazard to emergency management or public health officials.

■ Companion or guide animals are allowed in shelters.

■ Trained volunteers are available to help and maintain contact with fellow citizens who are blind or deaf during and after a public health emergency.

Resources for Community Leaders

IS KENTUCKY REALLY AT RISK?

Yes. A "hazard analysis" for the state indicates that no populated area is hazard free. Effective disaster planning recognizes existing problems as well as potential problem areas and the Kentucky Department for Public Health plan highlights 17 areas of vulnerability in Kentucky. For the purpose of this guide, several are worth noting.

Earthquakes

Along with the expected floods and severe weather patterns, earthquakes are a hazard within the region. Kentucky has a number of primary faults with a high risk of minor earthquake activity that could create a disruption of natural gas and petroleum pipelines, which originate in western Kentucky.

Transportation and Hazardous Materials Accidents

Potential transportation accidents involving hazardous materials on major U.S. highways that traverse the areas of highest population density create a constant threat of release of hazardous materials. Disruption of traffic on state roads and bridges could cause serious and lasting congestion. Hazardous materials accidents are one of the major potential emergencies in Kentucky and could originate from materials in transportation, industrial, residential, commercial or agricultural use — and could seriously compromise the quality of air, ground or water.

Release of Chemical and Radioactive Agents

Chemical weapons are stockpiled at the Blue Grass Army Depot in Madison County. Uranium is stored at another location in the state. A release of any of these agents would pose a threat to people and the environment. Kentucky is also home to two major military sites — Fort Knox and Fort Campbell. Although Kentucky is not considered to be a primary target in the event of nuclear war, it could be subjected to radioactive fallout as a result of attacks on another area of the U.S.

Influenza Pandemic

National and international health experts are monitoring worldwide influenza illness in an effort to promptly detect the appearance of any new, more virulent strain, which could cause mass sickness and death. SARS continues to be a concern around the world and, not long ago, Kentucky Public Health, Agriculture and Fish and Wildlife officials responded to public concern over monkey pox.

chapter 6

Weapons of Mass Destruction

Weapons of Mass Destruction (nuclear, biological, chemical, explosive and incendiary events) are designed to inflict significant harm to people, animals and/or the environment. Kentucky is host to international and national events that receive major press coverage (e.g., Kentucky Derby); is located in a strategic position on major transportation routes used for movement of people, materials and energy across eastern U.S.; and contains or is adjacent to important cities, military bases and manufacturing plants. These reasons combine to support the state's planning for all types of disaster, including bioterrorism or other Weapons of Mass Destruction attacks.

Getting Information to the Public

The media — primarily television — remains a trusted source of information about emergencies or disasters for most people in Kentucky, including those people with special needs. However, many people with special communications needs, such as those who are blind, deaf, non-English speaking or who live in remote areas of the state, lie beyond the reach of much of the media. In the 2003 state survey commissioned by the Kentucky Cabinet for Health and Family Services/Department for Public Health, these groups were found to have very distinct and well-established "communication" channels with others in their communities and typically relied much less on mainstream media for news and information. The state of Kentucky has responded to those findings by developing and maintaining direct communication with the leadership of institutions and channels that these challenged populations trust.

The following resources may help community leaders prepare those persons in their city, town or village who have special needs to be ready and able to respond and recover when disaster strikes their area. To contact local public health, emergency management or police offices, please consult the telephone directory in each community.

Sign Language Interpretation Services

Kentucky Commission on the Deaf and Hard of Hearing
632 Versailles Road
Frankfort, KY 40601
V/T 502-573-2604
V/T 800-372-2907
Fax: 502-573-3594
http://kcdhh.ky.gov

Association of the Deaf
www.kydeaf.org

Kentucky Registry of Interpreters for the Deaf
www.kyrid.org

School for the Deaf
Danville, KY
859-239-7017
www.ksd.k12.ky.us

Services for Rural Residents

Kentucky State University Cooperative Extension Program
400 East Main Street
Kentucky State University Cooperative Extension Building
Frankfort, KY 40601
(502) 597-6310

Services for the Blind

Kentucky Department for the Blind
400 E. Main Street, Suite 302
Bowling Green, KY 42101
800-222-1215
www.blind.ky.gov

Charles W. McDowell Rehabilitation Center
8412 Westport Road
Louisville, KY 40242
800-346-2115

Kentucky School for the Blind
1867 Frankfort Ave.
Louisville, KY 40206
502-897-1583
Fax: 502-897-2994

Text Telephone/Telecommunication Device for the Deaf

Kentucky Assistive Technology Service (KATS) Network
Charles McDowell Rehabilitation Center
502-429-4484
TDD: 800-327-5287
www.katsnet.org

Public TDD/TTY Telephone Locations:
· Northern Kentucky University/Campus Library
· Remke's Market/Ft. Mitchell, Ky.
· Riverside Market/Dayton, Ky.

Interpretation Services in Other Languages

Louisville Metro Office for International Affairs

400 South First Street

Louisville, KY 40202

502-574-4774

Fax: 502-574-1477

Resources for Creating Sample Messages in a Simple Format for those with Cognitive Disabilities

Audio Studio
Repair facility in Kentucky School for the Blind
1867 Frankfort Ave.
Louisville, KY 40206

Recording Studio
Anchorage Presbyterian Church
11403 Park Rd.
Anchorage, KY 40203

Enabling Technologies of Kentuckiana
Spalding University
851 South 4th Street
Administration Building Room 011
Louisville, KY 40203
Voice/Text Telephone: 502-585-9911 ext. 2648
Fax: 502-585-7104
Toll Free: 1-800-896-8941 ext. 2648

Kentucky Assistive Technology Service (KATS) Network
Charles McDowell Rehabilitation Center
502-327-0022
TDD: 800-327-5287
www.katsnet.org

Emergency Resources

Kentucky Division of Emergency Management
100 Minuteman Parkway
Frankfort, KY 40601
Public Information Office: 502-607-1611
24-hour number: 800-255-2587
http://kyem.dma.ky.gov

District/Local Health Departments:

Adair County Center
801 Westlake Drive
Columbia, KY 42728
270-384-2286

Ballard County Center
111 W Kentucky Drive
LaCenter, KY 42056
270-665-5432

Barren County Center
318 West Washington
P.O. Box 1464
Glasgow, KY 42142-1464
270-651-8321

Barren River District Health Department
1109 State Street
P.O. Box 1157
Bowling Green, KY 42102-1157
270-781-8039

Bath County Center
56 Treadway
P.O. Box 537
Owingsville, KY 40360
606-674-2731

Bell County Center
310 Cherry Street
Pineville, KY 40977
606-337-7046

Boone County Center
7505 Burlington Pike
Florence, KY 41042
859-525-1770

Buffalo Trace District Health Department
P.O. Box 70
Maysville, KY 41056
606-564-9447

Butler County Center
104 N. Warren Street
P.O. Box 99
Morgantown, KY 42261-0099
270-526-3221

Caldwell County Health Department
310 Hawthorne Street
P.O. Box 327
Princeton, KY 42445
270-365-6571

Calloway County Center
701 Olive Street
Murray, KY 42071
270-753-3381

Campbell County Health Center
12 East 5th Street
Newport, KY 41071
859-431-1704

Carlisle County Center
East Court Street
P.O. Box 96
Bardwell, KY 42023
270-628-5431

Carroll County Center
401 11th Street
Carrollton, KY 41008
502-732-6641

Carter County Center
U.S. 60 East
P.O. Box 919
Grayson, KY 41143
606-474-5100

Casey County Center
199 Adams Street
P.O. Box 778
Liberty, KY 42539
606-787-6911

Clay County Center
100 South Court Street
Manchester, KY 40962
606-598-2425

Clinton County Center
201 Twin Lakes Medical Center
Albany, KY 42602
606-387-5711

Crittenden County Health Department
402 North Walker Street
P.O. Box 392
Marion, KY 42064
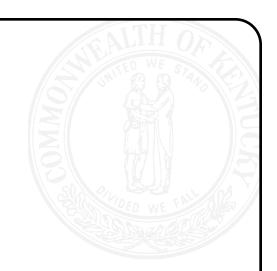270-965-5215

Cumberland County Center
133 Lower River Street
P.O. Box 412
Burkesville, KY 42717
270-864-2206

Cumberland Valley District-Branch
P.O. Box 1269
102 Cheralynn Lane
London, KY 40743
606-864-4764

Cumberland Valley District Health Department
Manchester Square Shopping Center
Suite 212
P.O. Box 158
Manchester, KY 40962
606-598-5564

Edmonson County Center
221 Mammoth Cave Road
Brownsville, KY 42210
270-597-2194

Elliott County Center
P.O. Box 762
Sandy Hook, KY 41171
606-738-5205

Fulton County Center-East
350 Browder Street
Fulton, KY 42041
270-472-1982

Fulton County Center-West
402 Troy Avenue
Hickman, KY 42050
270-236-2825

Gallatin County Center
204 Franklin Street
P.O. Box 315
Warsaw, KY 41095
859-567-2844

Gateway District Health Department
Gudgell Ave.
P.O. Box 555
Owingsville, KY 40360
606-674-6396

Grant County Center
234 Barnes Road
Williamstown, KY 41097
859-824-5074

Graves County Center
100 East Lochridge
Mayfield, KY 42066
270-247-3553

Grayson County Center
124 East White Oak Street
Leitchfield, KY 42754
270-259-3141

Green County Center
220 Industrial Park
P.O. Box 177
Greensburg, KY 42743
270-932-4341

Green River District Health Department
1600 Breckinridge
P.O. Box 309
Owensboro, KY 42302-0309
270-686-7747

Hancock County Center
175 Harrison Street
P.O. Box 275
Hawesville, KY 42348
270-927-8803

Hardin County Center
580 Westport Road
Elizabethtown, KY 42701
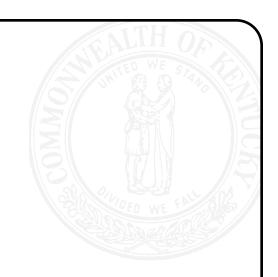270-765-6196

Harlan County Center
402 East Clover Street
Harlan, KY 40831
606-573-3700

Harrison County Center
420 East Pleasant Street
Cynthiana, KY 41031
859-234-2842

Hart County Center
505 Fairground Road
P.O. Box 65
Munfordville, KY 42765
270-524-2511

Health Education Center
2388 Grandview Drive
Covington, KY 41017-1633
859-578-7665

Henderson County Center
472 Klutey Park Plaza
Henderson, KY 42420
270-826-3951

Henry County Center
125 N. Property Road
P.O. Box 449
New Castle, KY 40050
502-845-2882

Hickman County Center
370-S. Washington Street
Clinton, KY 42031
270-653-6110

Jackson County Center
Highway 421 South
P.O. Box 250
McKee, KY 40447
606-287-8421

Kentucky River District Health Department
441 Gorman Hollow Road
Hazard, KY 41701-2316
606-439-2361

Kenton-Dressman Health Center
634 Scott Street
Covington, KY 41011
859-431-3345

Knott County Center
880 West Main Street
P.O. Box 530
Hindman, KY 41822
606-785-3144

Lake Cumberland District Health Department
500 Bourne Avenue
P.O. Box 800
Somerset, KY 42502
606-678-4761

Larue County Center
215 East Main
Hodgenville, KY 42748
270-358-8665

Lee County Health Center
P.O. Box 587
Beattyville, KY 41311
606-464-2492

Leslie County Center
78 Maple Street
P.O. Box 787
Hyden, KY 41748
606-672-2393

Letcher County Center
6 Broadway Street
Whitesburg, KY 41858
606-633-0381

Lincoln Trail District Health Department
1222 Woodland Drive
P.O. Box 2609
Elizabethtown, KY 42702-2609
270-769-1601

Little Sandy District Health Department
Courthouse; Main Street
P.O. Box 909
Grayson, KY 41143
606-474-4115

Livingston County Health Department
124 State Street
P.O. Box 128
Smithland, KY 42081
270-928-2193

Logan County Center
151 South Franklin Street
Russellville, KY 42276
270-726-8341

Lyon County Health Department
211 Fairview Avenue
P.O. Box 96
Eddyville, KY 42038
270-388-9763

Marion County Center
516 North Spalding
Lebanon, KY 40033
270-692-3393

Mason County Center
P.O. Box 70
Maysville, KY 41056
606-564-9447

McCreary County Center
South Fork Center
P.O. Box 208
Whitley City, KY 42653
606-376-2412

McLean County Center
200 Hwy. 81 No.
Calhoun, KY 42327
270-273-3062

Meade County Center
520 Fairway Drive
Brandenburg, KY 40108
270-422-3988

Menifee County Center
U.S. 460 East
P.O. Box 106
Frenchburg, KY 40322
606-768-2151

Metcalfe County Center
P.O. Box 30
615 West Stockton Street
Edmonton, KY 42129
270-432-3214

Morgan County Center
493 Riverside Drive
West Liberty, KY 41472
606-743-3744

Nelson County Center
325 South Third Street
Bardstown, KY 40004
502-348-3222

Nicholas County Center
2320 Concrete Road
Carlisle, KY 40311
859-289-2188

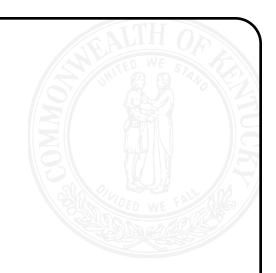**North Central District Health Department**
25 Village Plaza
Shelbyville, KY 40065
502-633-1243

Northern Kentucky Independent District Health Department
610 Medical Village Drive
Edgewood, KY 41017
859-341-4264

Ohio County Center
1336 Clay Street
Hartford, KY 42347
270-298-3663

Owen County Center
1005 Highway 22 East
Owenton, KY 40359
502-484-5736

Owsley County Center
P.O. Box 220
Booneville, KY 41314
606-593-5181

Paducah-McCracken County Center
916 Kentucky Avenue
P.O. Box 2597
Paducah, KY 42002-2597
270-444-9631

Pendleton County Center
Rt. 1 Box 208
Falmouth, KY 41040
859-654-6985

Pennyrile District Health Department
211 West Fairview
P.O. Box 770
Eddyville, KY 42038
270-388-9747

Perry County Health Center
239 Lovern Street
Hazard, KY 41701
606-436-2196

Pulaski County Center
45 Roberts Street
Somerset, KY 42503
606-679-4416

Purchase District Health Department
916 Kentucky Avenue
P.O. Box 2357
Paducah, KY 42002-2357
270-444-9625

Radcliff Clinic Health Center
1463 North Wilson Road
Radcliff, KY 40160
270-352-2526

Robertson County Health Department
107 McDowell Street
P.O. Box 72
Mt. Olivet, KY 41064
606-724-5222

Rockcastle County Center
P.O. Box 840
120 Richmond Street
Mt. Vernon, KY 40456
606-256-2242

Rowan County Center
555 West Sun Street
Morehead, KY 40351
606-784-8954

Russell County Center
69 Herriford Curve Road
P.O. Box 378
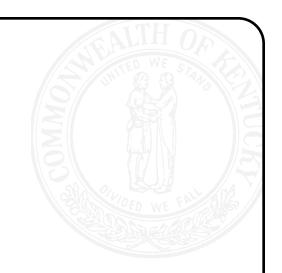Jamestown, KY 42629
270-343-2181

Scott County Center
198 East Washington Street
Georgetown, KY 40324
502-863-3971

Shelby County Center
419 Washington Street
Shelbyville, KY 40065
502-633-1231

Simpson County Center
1131 South College Street
Franklin, KY 42134
270-586-8261

Spencer County Center
P.O. Box 175
Taylorsville, KY 40071
502-477-8146

Taylor County Center
407 East First Street
Campbellsville, KY 42718
270-465-4191

Three Rivers District Health Department
510 S. Main
Owenton, KY 40359
502-484-3412

Trigg County Health Department
196 Main Street
P.O. Box 191
Cadiz, KY 42211
270-522-8121

Trimble County Center
138 Miller Lane
P.O. Box 250
Bedford, KY 40006
502-255-7701

Union County Center
218 West McElroy
P.O. Box 88
Morganfield, KY 42437
270-389-1230

Washington County Center
302 East Main Street
Springfield, KY 40069
859-336-3980

Warren County Center
1109 State Street
P.O. Box 1157
Bowling Green, KY 42102-1157
270-781-2490

Wayne County Center
533 Albany Road
Monticello, KY 42633-1085
606-348-9349

Webster County Center
P.O. Box 109
Dixon, KY 42409
270-639-9315

Wedco District Health Department
U.S. 27 South
Harrison Square Shopping Center
P.O. Box 218
Cynthiana, KY 41031
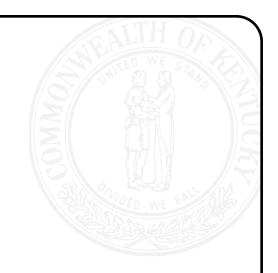859-234-8750

West Carter Center
Hitchins Avenue
P.O. Box 728
Olive Hill, KY 41164
606-286-6000

Wolfe County Center
P.O. Box 98
Hwy. 145 West
Campton, KY 41301
606-668-3185

Emergency/Hotline phone numbers

- Poison Control Hotline
  800-222-1222
- Disease Reporting Hotline
  888-9REPORT
- Emergency and DUI Hotline
  800-222-5555

- Traffic/travel information
  In-state Toll Free Dial 511 or Outside KY 866-737-3767
- KSP Missing Persons Hotline
  800-543-7723
- Arson Hotline
  800-272-7766
- Marijuana and Drug Hotline
  800-367-3847
- Kentucky State Police
  Individual Post Phone Numbers

  - Post 1 (Mayfield) 270-856-3721
  - Post 2 (Madisonville) 270-676-3313
  - Post 3 (Bowling Green) 270-782-2010
  - Post 4 (Elizabethtown) 270-766-5078
  - Post 5 (Campbellsburg) 502-532-6363
  - Post 6 (Dry Ridge) 859-428-1212
  - Post 7 (Richmond) 859-623-2404
  - Post 8 (Morehead) 606-784-4127
  - Post 9 (Pikeville) 606-433-7711
  - Post 10 (Harlan) 606-573-3131
  - Post 11 (London) 606-878-6622
  - Post 12 (Frankfort) 502-227-2221
  - Post 13 (Hazard) 606-435-6069
  - Post 14 (Ashland) 606-928-6421
  - Post 15 (Columbia) 270-384-4796
  - Post 16 (Henderson) 270-826-3312

- Kentucky State Police Community Relations
  http://www.kentuckystatepolice.org/news.htm
  502-695-6300
  ksppubaf@ky.gov

- Kentucky Cabinet for Health and Family Services/Department for Public Health
  http://www.chfs.ky.gov/dph
  502-564-6786

A list of Public Places with free Internet Access is located in the appendices of this Guide.

Appendix A:

Disaster Information Web Sites

- Federal Emergency Management Agency http://www.fema.gov
- Citizen Corps http://www.citizencorps.gov
- Department of Homeland Security http://www.ready.gov
- Department of Health and Human Services http://www.hhs.gov
- Department of Energy http://www.energy.gov
- Department of Agriculture http://www.usda.gov
- Department of Justice http://www.justice.gov
- Department of Defense http://www.anthrax.osd.mil
- Environmental Protection Agency http://www.epa.gov
- National Weather Service http://www.nws.noaa.gov
- Centers for Disease Control and Prevention
  http://www.cdc.gov
- Food and Drug Administration http://www.fda.gov
- Nuclear Regulatory Commission http://www.nrc.gov
- American Red Cross http://www.redcross.org
- Institute for Business and Home Safety http://www.ibhs.org
- Rand Corporation http://www.rand.org

Health information Resources

- American College of Physicians-American Society of Internal
  Medicine http://www.acponline.org/bioterro/
- National Institutes of Health
  http://www.nlm.nih.gov/medlineplus
- The Johns Hopkins University
  http://www.jhsph.edu/preparedness/
- The Journal of the American Medical Association
  http://www.jama.ama-assn.org
- The Washington Post http://www.washingtonpost.com

Kentucky Web sites

- Kentucky Department for Public Health http://chfs.ky.gov/dph
- Cabinet for Health and Family Services Newsroom Site
  http://chfs.ky.gov/news
- Kentucky Emergency Management and Homeland Security
  http://kyem.ky.gov
- Kentucky Community Crisis Response Board
  http://kccrb.ky.gov/

appendices

Appendix B: Public Places with Free Internet Access

ADISON COUNTY PUBLIC LIBRARY
Richmond, KY
859-623-6704

ALLEN COUNTY PUBLIC LIBRARY
Scottsville, KY
270-237-3861

ANDERSON COUNTY PUBLIC LIBRARY
Lawrenceburg, KY
502-839-6420

BATH COUNTY MEMORIAL LIBRARY
Owingsville, KY
606-674-2531

BOONE COUNTY PUBLIC LIBRARY
Union, KY
859-384-5550

BOWLING GREEN PUBLIC LIBRARY
Bowling Green, KY
270-781-4882

BOYD COUNTY PUBLIC LIBRARY
Ashland, KY
606-329-0518

BRACKEN COUNTY PUBLIC LIBRARY
Brooksville, KY
606-735-3620

BREATHITT COUNTY PUBLIC LIBRARY
Jackson, KY
606-666-5541

CARROLL COUNTY PUBLIC LIBRARY
Carrollton, KY
502-732-7020

CUMBERLAND COUNTY PUBLIC LIBRARY
Burkesville, KY
270-864-2207

DUERSON-OLDHAM COUNTY PUBLIC LIBRARY
LaGrange, KY
502-222-1141

ESTILL COUNTY PUBLIC LIBRARY
Irvine, KY
606-723-3030

FLOYD COUNTY PUBLIC LIBRARY
Prestonsburg, KY
606-886-2981

GALLATIN COUNTY PUBLIC LIBRARY
Warsaw, KY
859-567-2786

GARRARD COUNTY PUBLIC LIBRARY
Lancaster, KY
859-792-3424

GOODNIGHT MEMORIAL LIBRARY
Franklin, KY
270-586-8397

GREEN COUNTY PUBLIC LIBRARY
Greensburg, KY
270-932-7081

HARDIN COUNTY PUBLIC LIBRARY
Elizabethtown, KY
270-769-6337

HART COUNTY PUBLIC LIBRARY
Munfordville, KY
270-524-1953

HENDERSON COUNTY PUBLIC LIBRARY
Henderson, KY
270-826-3712

JESSAMINE COUNTY PUBLIC LIBRARY
Nicholasville, KY
859-885-3523

JOHN F. KENNEDY MEMORIAL PUBLIC LIBRARY
West Liberty, KY
606-743-4151

JOHN L. STREET LIBRARY
Cadiz, KY
270-522-6301

JOHNSON COUNTY PUBLIC LIBRARY
Paintsville, KY
606-789-4355

KENTON COUNTY PUBLIC LIBRARY
Covington, KY
859-962-4060

KENTUCKY DEPARTMENT FOR LIBRARIES AND ARCHIVES
Frankfort, Kentucky
502-564-8300

LARUE COUNTY PUBLIC LIBRARY
Hodgenville, KY
270-358-3851

LAUREL COUNTY PUBLIC LIBRARY
London, KY
606-864-5759

LAWRENCE COUNTY PUBLIC LIBRARY
Louisa, KY
606-638-4497

LEE COUNTY PUBLIC LIBRARY
Beattyville, KY
606-464-8014

LOGAN COUNTY PUBLIC LIBRARY
Russellville, KY
270-726-6129

LOUISVILLE FREE PUBLIC LIBRARY
Louisville, KY
502-574-1600

MARSHALL COUNTY PUBLIC LIBRARY
Benton, KY
270-527-9969

MASON COUNTY PUBLIC LIBRARY
Maysville, KY
606-564-3286

MCCRACKEN COUNTY PUBLIC LIBRARY
Paducah, KY
270-442-2510

MCCREARY COUNTY PUBLIC LIBRARY
Whitley City, KY
606-376-8738

MEADE COUNTY PUBLIC LIBRARY
Brandenburg, KY
270-422-2094

MERCER COUNTY PUBLIC LIBRARY
Harrodsburg, KY
859-734-3680

METCALFE COUNTY PUBLIC LIBRARY
Edmonton, KY
270-432-4981

MOUNT STERLING-MONTGOMERY COUNTY PUBLIC LIBRARY
Mount Sterling, KY
859-498-2404

MUHLENBERG COUNTY LIBRARIES

Harbin Memorial Public Library

Greenville, KY

270-338-4760

NELSON COUNTY PUBLIC LIBRARY

Bardstown, KY

502-348-3714

NICHOLAS COUNTY MEMORIAL LIBRARY

Carlisle, KY

859-289-5595

OWEN COUNTY PUBLIC LIBRARY

Owenton, KY

502-484-3450

PAUL SAWYIER PUBLIC LIBRARY

Frankfort, KY

502-223-1658

PERRY COUNTY PUBLIC LIBRARY

Hazard, KY

606-436-2475

PIKE COUNTY PUBLIC LIBRARY DISTRICT

Administrative Offices

Pikeville, KY

606-432-9977

PINEVILLE PUBLIC LIBRARY

Pineville, KY

606-337-3422

POWELL COUNTY PUBLIC LIBRARY

Stanton, KY

606-663-4511

PULASKI COUNTY PUBLIC LIBRARY

Somerset, KY

606-679-8401

RIDGWAY MEMORIAL LIBRARY
Shepherdsville, KY
502-543-7675

ROBERTSON COUNTY PUBLIC LIBRARY
Mount Olivet, KY
606-724-5746

ROCKCASTLE COUNTY PUBLIC LIBRARY
Mount Vernon, KY
606-256-2388

ROWAN COUNTY PUBLIC LIBRARY
Morehead, KY
606-784-7137

RUSSELL COUNTY PUBLIC LIBRARY
Jamestown, KY
270-343-3545

SCOTT COUNTY PUBLIC LIBRARY
Georgetown, KY
502-863-3566

SHELBY COUNTY LIBRARY DISTRICT
Shelbyville, KY
502-633-3803

SPENCER COUNTY PUBLIC LIBRARY
Taylorsville, KY
502-477-8137

TAYLOR COUNTY PUBLIC LIBRARY
Campbellsville, KY
270-465-2562

TODD COUNTY PUBLIC LIBRARY
Elkton, KY
270-265-9071

UNION COUNTY PUBLIC LIBRARY
Morganfield, KY
270-389-1696

UNIVERSITY OF KENTUCKY

Lexington, KY

859-257-8729

WASHINGTON COUNTY PUBLIC LIBRARY

Springfield, KY

 859-336-7655

WAYNE COUNTY PUBLIC LIBRARY

Monticello, KY

606-348-8565

WHITLEY COUNTY PUBLIC LIBRARY

Williamsburg, KY

606-549-0818

WILLIAM B. HARLAN MEMORIAL LIBRARY

Tompkinsville, KY

270-487-5301

WOLFE COUNTY PUBLIC LIBRARY

Campton, KY

606-668-6571

Appendix C: Glossary of Terms/State Agencies

Accident	A deviation from normal activities associated with a hazard.
Anthrax	A bacteria that infects skin, lungs and gastrointestinal systems in humans.
Antibiotics	Used to treat bacterial diseases.
Bacteria	Organisms that release destructive toxins and infect humans.
Bioweapon	A biological weapon that is a type of bacteria, virus or biologically produced toxin.
Botulinum	A biological agent produced by the bacterium Clostridium botulinum.
Category A	A group of biological agents, including anthrax, smallpox, plague, tularemia, botulinum and viral hemorrhagic fevers thought to pose the greatest threat as biological weapons.
Category B	A group of biological weapons moderately easy to disseminate. They cause moderate amounts of disease and low fatality rates, but may require specific public health action.
Category C	A group of biological agents that might some day be engineered to produce biological weapons, including Hantavirus and Nipah virus.
Centers for Disease Control and Prevention (CDC)	A U.S. agency responsible for protecting the health and safety of people by employing disease prevention and control, environmental health and health promotion and education activities.
Chemical Weapons	Weapons used as chemical agents to affect the skin, eyes, circulatory system, nervous system and/or respiratory system.
Contagious	Transmitted by contact.

Contamination	The presence of an unwanted infectious agent.
Cutaneous	Illness transmitted through the skin.
Decontamination	The removal of chemical, biological or radiological material.
Disaster	An occurrence of a natural catastrophe, technological accident or human-caused event.
Earthquake	The sudden motion or trembling of the ground.
Ebola	A viral hemorrhagic fever with 50 to 90 percent fatality rates.
Emergency Alert/Broadcast System	A digital voice/text technology communications system that broadcasts emergency information to the public.
Emergency Medical Services	Services required for proper medical care for the sick and injured.
Emergency Plan and Implementing Procedures	A document that describes a process to achieve a desired outcome or to provide direction to implement a policy.
Emergency Response Team	Personnel assigned to respond to an emergency situation.
Epidemiologist	An investigator who studies health events in a defined population.
Epidemiology	The study of the determinants of health events in populations.
Evacuation	Organized dispersal of people from dangerous areas.
Event	A deviation from planned behavior that could adversely affect people, property or the environment.
Exposure (Radiation)	Quantitative measure of gamma or x-ray radiation based on its ability to produce ionization in the air.
Federal Emergency Management Administration (FEMA)	The agency responsible for coordinating emergency response teams during a disaster.

Flood	Normally dry land experiencing an overflow of water.
Flu	See influenza.
Foot and Mouth Disease	A disease of cattle, potentially an economic weapon to impact beef sales.
Hemorrhagic Fever	A severe multisystem syndrome caused by a virus.
Health Resources and Services Administration	The agency that provides health resources to traditionally medically underserved populations in the U.S.
Immunization	Protection of susceptible individuals from communicable disease.
Infection	The invasion of a body by microorganisms.
Infective, Infectious	Capable of causing infection.
Influenza (flu)	A viral infection.
Mad Cow Disease	A disease of cattle, potentially a weapon to produce economic harm.
Monitoring	The performance and analysis of routine measurements to detect change.
Occurrence	The frequency of a disease or other attribute or event in a population.
Offsite	That area beyond the boundaries of the site.
Pandemic	An epidemic over a very wide area affecting a large population.
Pathogen	Any agent that causes a disease, such as a virus, bacteria, fungus or toxin.
Plague	A bacterial infection in three forms: bubonic, pneumonic and septicemic.
Pneumonic	Contracted through the lungs.
Post Traumatic Stress Disorder	A psychiatric disorder that occurs after life-threatening events.

Prevention	Promote, preserve and restore health when it is impaired.
ProAct	Preparedness and response on Advanced Communication Technology.
Pulmonary	Relating to the lungs.
Rate	Ratio whose time is an element of the denominator.
Recovery	Activities beyond a crisis that focus on returning to a normal status.
Risk	A probability that an event will occur.
Sample	A selected subset of a population.
Sarin	A toxic chemical warfare agent.
Smallpox	A contagious viral disease.
Spores	A dormant dehydrated form of bacteria.
Surveillance	Ongoing scrutiny.
Survey	A systematic way to gather information, not experiment related.
Terrorism	The use of – or threatened use of – criminal violence against civilians or civilian infrastructure.
Tornado	A local atmospheric storm formed by winds rotating at very high speeds.
Toxins	Poisonous substances produced by many different types of organisms.
Transmission	The process of passing a disease from one individual to another.
Tularemia	A bacterial infection that is not contagious, but highly infectious.
Vaccination	The deliberate introduction of a pathogen to create immunity against later exposure.

Viral hemorrhagic fevers	A group of viruses that cause internal and external bleeding.
Virulence	The ability of a disease agent to cause illness.
Virus	Organisms unable to survive on their own that cause illness and death.
Warning	The alerting of emergency response personnel and the public to a threat.
Weapons of Mass Destruction	The national concern of the use of nuclear, biological or chemical weapons against the civilian population.